Guidelines for Communicable Disease Control in Day Cares

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Prepared by: Public Health Services, Central Regional Health Board
Department of the Environment
Department of Agriculture & Marketing

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Communicable Disease Control

Introduction

Children are susceptible to a variety of communicable diseases and illnesses. They can catch diseases and illnesses by interacting with other children and staff, and by eating contaminated food. Diapering infants and toddlers is the most important factor associated with high rates of intestinal infection in child care centers.

Childcare providers play an important part in controlling illnesses in the centre by following good personal hygiene and infection control practices.

These guidelines provide information about how to manage communicable diseases in the childcare centre. It outlines the responsibilities of the childcare provider and reviews illnesses and diseases that may occur in the centre.

The Management of Communicable Diseases Chart and the Exclusion Reference Guide provides useful information about many common infectious illnesses. It outlines transmission, symptoms, infectious period, exclusion, and reporting requirements.

Spread of Infections

Infections spread through the interaction of three basic elements:

1) Infectious Agent (i.e., germ)
2) Host (i.e., person)
3) Means of Transmission (i.e., environment).

To reduce the spread of infection in the centre, staff must follow effective policies and procedures (i.e. handwashing, sanitizing and exclusion).

Infectious Agent (i.e., germ)

- germs include bacteria, viruses, parasites and fungi
- germs are usually so small you can only see them through a microscope
- bacteria and viruses are the most common germs
- sometimes it takes just a few germs to cause an infection
- not all germs cause infections and illnesses
- antibiotics kill bacteria but are not effective against viruses
- some germs can survive for hours, or even days or weeks, living on toys and other surfaces.

Host (i.e., person)

- the host is the person who has the infection (e.g., the childcare provider or child)
- the host does not have to be severely ill for germs to spread
- sometimes the infected person may not show signs of illness but may be infectious (i.e., contagious)
- immunization is an effective way to prevent the host from being susceptible to the germ (e.g., prevent measles by a vaccination)
- the host's naturally acquired immunity to the germ also may offer protection to an infection (e.g., the host may develop a natural immunity to chickenpox as a result of a previous infection).

Means of Transmission (i.e., the environment)

The germ can spread through:

- contact between children and between a child and the childcare provider (e.g., touching)
- the air (e.g., coughing, sneezing)
- touching stool or fecal matter (e.g., diaper changing)

- contact with blood (e.g., cuts, wounds)
- eating contaminated foods and drinking unsafe water (e.g., food not refrigerated properly)
- contact with vectors, such as animals and insects (e.g., dogs, cats, fleas)
- touching contaminated objects (e.g., toys, cots, cribs).

Strategies for Infection Control

You must be familiar with some basic infection control practices. This knowledge helps protect children, as well as staff from infections in the centre. The centre must create and enforce strict policies and procedures for infection control.

Handwashing is the single most effective way to prevent infections from spreading. Enforcing proper handwashing by childcare providers and children helps ensure a safe and healthy environment. See section on proper handwashing procedures for infants, toddlers, preschoolers and childcare providers.

To help control infections, follow these guidelines. You must establish and enforce:

- written policies about the proper management of infections and illnesses
- communication of the policies to parents
- daily observation of the children and recording of any illness symptoms
- immunization recommendations and up-to-date record keeping for children and staff
- proper handwashing procedures for all children and staff
- proper diapering, toileting and other general hygienic procedures
- proper environmental sanitation and animal handling procedures
- proper food safety procedures

Proper Handwashing Procedures

Whenever there is any chance of coming into contact with germs, you must wash your hands thoroughly. Failure to wash your hands properly, even once, can result in the spread of germs that can cause illnesses. To prevent spreading illnesses, teach young children to wash their hands properly.

The best kind of sink for handwashing has hot and cold water mixed through one faucet, and also has foot, knee or wrist-operated water controls. To prevent scalding, never let hot water temperature exceed 43°C (110°F).

Supply the hand wash sink with paper towels and liquid or powdered soap in a dispenser. Cartridge-type dispensers, rather than refillable soap dispensers, are preferable. If you use refillable liquid soap dispensers, clean and sanitize the

containers before refilling them. Cloth towels are not recommended.

Proper handwashing is important for:

1) infants
2) toddlers and preschoolers
3) childcare providers
4) foodhandlers.

Proper Handwashing Procedure for Infants

To ensure proper handwashing for infants, follow these steps. You should:

1. Clean the infant's hands thoroughly with a damp paper towel, moistened with liquid soap.

2. Rinse the infant's hands (from wrists to fingertips) using a fresh paper towel, moistened with clear water.

3. Dry the infant's hands with a fresh paper towel.

4. Turn off the faucet using a paper towel and throw out the towel.

5. Wash your own hands.

Proper Handwashing Procedure for Toddlers and Preschoolers

To ensure proper handwashing for toddlers and preschoolers, follow these steps. You should:

1. Wet the child's hands.

2. Squirt a drop of liquid soap onto the child's hands.

3. Help wash all areas of the child's hands for about 15 seconds by continuously alternating the hands back and forth such as palms, wrists, thumbs, etc. to adequately wash all surfaces.

Proper Handwashing Procedure for Childcare Providers

To ensure proper handwashing procedure for childcare providers all staff must follow these steps. You must:

1. Remove all rings and watches before or upon arrival at the centre.

2. Moisten hands with water and apply a heavy lather of liquid soap.

3. Wash all hand surfaces for about 15 seconds by continuously alternating hands back and forth (approximately 10 times), ensuring that all surfaces are washed including wrists, back of hands and between fingers. If a nail brush is to be used, a separate handwashing without the brush must follow.

4. Rinse hands under running water (from wrists to fingertips).

5. Use fresh paper towel to dry hands.

6. Turn off the faucet using a paper towel and throw out the towel.

You must wash your hands:

BEFORE:
- reporting to work
- preparing food or eating
- feeding an infant or toddler
- changing an infant or toddler's diaper
- applying first aid
- giving medication or applying ointment.

AFTER:
- changing a diaper
- using the toilet or taking a child to the toilet
- caring for an ill child
- feeding or giving medication to an infant or toddler
- cleaning body fluids (i.e., blood, feces, vomit)
- removing gloves
- handling pets and/or pet cages
- removing soiled clothes (e.g., boots, coats)
- wiping a child's nose with a tissue
- wiping your own nose or sneezing into a tissue
- handling any raw meats, fish and poultry during meal preparation.

Identifying an Outbreak and Taking Action

Identifying an Outbreak

An outbreak exists when there is an increase above background level in the number of children or staff who have similar symptoms. You can help determine whether an

outbreak exists.

You should:

- observe any symptoms that may indicate the presence of an illness (through daily observation of the children)
- record any unusual behaviour or symptoms of either children or staff (e.g., diarrhea, fevers, rashes)
- report diarrhea in excess of normal illness to Public Health Services
- consult absentee records of children or staff to check for similar symptoms
- discuss any unusual clustering of symptoms with Public Health Services.

Public Health Services can help determine whether an outbreak exists. You must recognize, record and report the symptoms as soon as possible to Public Health Services.

You should:

- determine how many staff and children have similar symptoms (e.g., diarrhea, vomiting, rashes, fever, respiratory symptoms)
- isolate children who have the symptoms
- exclude ill staff from work
- phone Public Health Services immediately for guidance
- communicate concerns to the parent(s) of the children (both parent(s) of symptomatic and asymptomatic children).

You must contact Public Health Services if:

- there is an increase in the number of children and/or staff with similar symptoms
- a child's doctor has diagnosed a type of communicable disease that spreads easily.

Recognizing and Managing an Ill Child

To deal effectively with an ill child, follow these guidelines. You should:

- identify symptoms of illness promptly
- isolate children who may be infectious
- ensure ill children receive appropriate care while in the centre
- communicate concerns to parent(s)
- ask parent(s) to see a doctor if the child has symptoms of an infectious illness or shows no improvement within 24 hours
- ensure parent(s) keep an ill child at home until the child is feeling well and free of symptoms.

See the information on the following pages to deal with common symptoms of illness:

1) Diarrhea
2) Vomiting
3) Rashes
4) Colds and Coughs
5) Fever

Communicable Disease Categories

Communicable illness can be divided into the following categories:

1. Respiratory
2. Gastrointestinal
3. Rashes
4. Skin and scalp infections
5. Other illnesses

Respiratory

Germs in saliva and nasal secretions cause respiratory illnesses. These germs spread from person to person via the respiratory tract. Through coughing and sneezing they become airborne. By inhaling air droplets, or by coming in contact with contaminated surfaces, childcare providers and children expose themselves to germs.

Wiping a runny nose also can spread viruses to a childcare provider's or child's fingers. The virus spreads further by touching another person with the contaminated fingers. Transmission of flu and/or cold viruses is especially common by rubbing your

eyes with contaminated fingers. Not all viruses spread this easily. Some illnesses, such as meningitis, require long and persistent close contact.

Colds and Coughs

Colds and coughs are usually due to a cold virus that is very contagious. Symptoms range from mild to severe. Colds and coughs may be the first indicator of a more serious illness.

To safely deal with colds and coughs, follow these steps. You should:

1. Continue to allow children with mild symptoms and who are well enough to take part in all activities, including playing outdoors, to attend the centre.

2. Closely observe these children for other signs of illness.

3. Practice good personal hygiene and encourage children to do the same (e.g.,frequent handwashing).

4. Exclude any child who **appears ill** and has any of the following symptoms:

    - fever
    - earache
    - listlessness or excessive sleepiness
    - skin rash
    - excessive fussiness or crankiness
    - difficulty breathing
    - persistent cough
    - loss of appetite

    Advise the parent(s) to take the child to a doctor for a diagnosis and check exclusion reference guide.

Gastrointestinal

Viruses, bacteria and parasites cause gastrointestinal (enteric) illnesses. These germs spread via the fecal-oral route. Contaminated hands, toys and food are all vehicles for the spread of enteric illnesses.

Diarrhea is the most common symptom of a gastrointestinal illness. Severe cases of diarrhea can lead to serious dehydration problems, especially in infants.

Diarrhea

A definition of diarrhea is any change from the child's normal stool (i.e., solid, or semi-solid to a liquid, or semi-liquid state). Diarrhea stools are more frequent than normal bowel movements and may contain mucous or blood. Nausea, vomiting and abdominal pain sometimes accompany diarrhea and the child may lose bowel control.

Diarrhea occurs when the bowel is stimulated or irritated in an unusual way. The causes can be infectious or non-infectious. Diarrhea due to infectious causes can last from 2-7 days. Identifying infectious causes requires a medical examination and laboratory tests. Enforcing proper handwashing and proper diapering procedures helps prevent gastrointestinal illnesses.

Infectious causes of diarrhea include:

- viral infections such as rotavirus
- bacterial infections such as salmonella, shigella, E. coli
- irritation due to an infection located in an adjacent organ such as the kidney
- general illness, such as flu.

Non-infectious causes of diarrhea include:

- laxatives
- eating food with laxative action such as prunes
- food intolerance
- chronic bowel disease
- excitement or fear
- leakage due to ineffective sphincter muscle
- teething
- some medications (e.g., antibiotics).

To safely deal with a case of diarrhea, follow these steps. You should:

1. Watch for other signs of illness for the rest of the day. If a child has one episode of diarrhea inform the child's parent(s) at the end of the day. If no more diarrhea occurs and there are no other signs of illness, the child may return to the centre the next day.

2. Separate the child from the others and inform the parent(s) as soon as possible. If several episodes of diarrhea occur during the day, the child must be kept at home until the stools are normal without the help of medication. Advise parent(s) to consult their doctor if the diarrhea continues. The doctor may require a stool culture to determine the cause of the diarrhea.

3. Inform the parent(s) immediately if the child has frequent episodes of diarrhea, appears ill, has a fever, is in pain, or if there is any sign of blood in the stool. Ask the parent(s) to take the child to the doctor as soon as possible for diagnosis and treatment.

   A child who has diarrhea should stay home until there are no more symptoms of diarrhea, fever or discomfort. The child must be symptom free for at least 24 hours, or until any special tests (if required) are negative, before returning to the centre.

4. Always clean and sanitize the child's surroundings, including anything the stool may have touched, as soon as possible. Pay special attention to sanitizing the diaper change area and to handwashing.

Vomiting

Children vomit more easily and with much less discomfort than adults. Children may vomit because of problems not directly related to the bowel or stomach. The cause of vomiting is often not infectious. If a child vomits, has diarrhea and a fever, suspect an infectious cause.

To safely deal with vomiting, follow these steps. You should:

1. Separate a child who vomits from the other children and watch for other signs of illness.

2. Clean and sanitize the area where the child vomited as soon as possible using disposable gloves. Wash hands thoroughly.

3. Give the child small drinks of water or diluted fruit juices after vomiting. Do not offer solid food or milk.

4. Inform the child's parent(s) as soon as possible if more vomiting occurs. Tell them to keep the child home until the child completely recovers.

5. Inform parent(s) immediately if the child has severe abdominal pain with vomiting. A doctor must see the child as soon as possible.

Rashes

A rash can be a symptom of a number of illnesses that spread through physical contact, through the air and through contact with fecal matter. It can be difficult to distinguish between different types of rashes.

Children develop many kinds of rashes. A rash is a symptom of a health condition that may or may not be infectious. When registering a child, ask the parent(s) about chronic or recurrent rashes (e.g., eczema, food allergies and other allergies). These rashes are not infectious.

Most infections that have a rash as a symptom (e.g., chicken pox, measles), spread through coughing, sneezing and breathing before the rash appears. Many children may be exposed to the infection before you are aware that there is a problem. If one child develops an illness and rash, watch for the early signs of illness in the other children. Exclude ill children.

Parasites cause certain types of very itchy rashes on the scalp or skin (e.g., head lice, scabies, pin worms). This is called an infestation rather than an infection.

These parasites pass from one child to another by close physical contact or through contact with shared personal items (e.g., bedding, hats, combs). These rashes are not associated with any symptoms of generalized illness (e.g., fever, cough) and are easily treated. Exclude the child until treatment begins.

To safely deal with rashes follow these steps. You should:

1. Advise parent(s) of a child with an unidentified rash and no other signs of illness (e.g., fever, cough) to see a doctor to determine its cause and treat, if necessary.

2. Isolate any child with a rash and a fever or other signs of illness (e.g., vomiting, diarrhea). Tell the parent(s) the child cannot return until a doctor sees the child and the child fully recovers. Request a note from the doctor if you have any concerns.
3. Follow the doctor's recommendations about readmitting the child to the centre. See Reference Guide for more information about exclusion and readmission guidelines for specific infectious diseases.

4. Call Public Health Services if you have concerns about readmitting the child or if you suspect an outbreak of a communicable disease.

Blood and Body Fluids Precautions

Childcare providers must use infection control precautions when handling blood and other body fluids. It is important that you place a barrier (i.e., gloves) between yourself and blood or body fluids.

The basic principle of body fluids precautions is that you should assume that all body fluids are potentially infectious. Sometimes children are infectious without showing

any symptoms.

Hepatitis B virus, hepatitis C virus, and human immunodeficiency virus (HIV) are blood borne illnesses. If you contact blood or body fluids you must wash your hands immediately. Clean blood spills with a solution of one part chlorine bleach to nine parts water.

Using Disposable Gloves for First Aid

Using disposable gloves is not necessary during normal childcare activities as long as you wash your hands properly. Use disposable gloves when you:

- have cuts or open sores on your hands
- give first aid to a child with bleeding or body fluids containing blood.

Throw out the gloves after each use. After removing the gloves, wash your hands.

Handling Sharps Safely (Needles and Syringes)

Injection drug use is a concern in most communities. You must inspect the area adjacent to the childcare centre and the playground for needles and syringes. You should:

- Be careful when picking up needles and syringes. Wear heavy gloves or use a thick cloth or tongs.
- Hold the needle tip away from you. Be careful not to prick yourself.
- Place the needle in a container with a lid (e.g., jar, can or thick plastic jug).
- Seek medical attention as soon as possible if you (staff or children) receive a needle prick. Make sure you save the needle or syringe and take it with you. Contact your physician or emergency department or Public Health Services.

Exclusion Reference Guide

Infection	***Exclusion (See CD Chart)***	***Report to Public Health Services***
Amebiasis (Entamoeba Histolytica)	Yes	Yes
Campylobacter	Yes	Yes
Chickenpox	Yes	Yes*
Conjunctivitis (bacterial)	Yes	No
Conjunctivitis (viral)	No	No
E. Coli 0157	Yes	Yes
Fifth Disease	No	No
German Measles (Rubella)	Yes	Yes
Giardia Lamblia	Yes	Yes
Haemophilus Influenza B	Yes	Yes
Hand, Foot & Mouth	No	No
Hepatitis A	Yes	Yes
Hepatitis B	No	Yes
Herpes Simplex	No	No
Impetigo	Yes	No
Influenza	Yes	Yes, if >10%
Measles	Yes	Yes
Meningococcal Meningitis	Yes	Yes
Mumps	Yes	Yes
Pediculosis (lice)	Yes	No
Pinworms	No	No
Roseola	Yes	No
Rotavirus	Yes	No
Salmonellosis	Yes	Yes
Scabies	Yes	No
Scarlet Fever	Yes	No
Strep Throat	Yes	No
Shigellosis	Yes	Yes
Tuberculosis	Yes	Yes
Whooping Cough (Pertussis)	Yes	Yes
Yersiniosis	Yes	Yes

* only if contact is pregnant or immunosuppressed

Management of Communicable Diseases Chart

Disease	Transmission	Symptoms	Infectious Period	Exclusion	Report to Public Health Services
Amebiasis (Entamoeba Histolytica)	The parasite (amoeba) is spread usually from eating contaminated food or water, particularly in developing countries.	Fever, chills, watery or bloody diarrhea or mucous in diarrhea.	For the duration of the illness and until person is free of the organism.	Under direction of Public Health Services	Yes
Campylobacteriosis	Bacteria in stool (fecal/oral). Pets. Improper food handling. Undercooking. Raw poultry and meats.	Diarrhea, fever, vomiting.	For duration of illness. Long carrier (7 weeks) state may develop if not treated.	Under direction of Public Health Services.	Yes
Chicken pox (varicella zoster)	Person to person virus present in respiratory secretions and in fluid in blisters.	Fever. Raised red itchy spot-like rash that turns into blisters then scabs. Mainly on face and body.	Up to 5 days before the rash appears until all scabs are dry.	Yes. Until 5 days after onset of rash or until all scabs are dry.	Yes. If immuno compromised or susceptible pregnant contacts at centre.
Conjunctivitis (pink eye)	Person to person by direct and indirect contact with discharge from eye.	Redness, itching, pain, discharge from the eye, swelling of the eyelid.	For duration of illness or until 24 hours after treatment started and improvement noted.	It depends on the cause. If viral, no exclusion. If bacterial, until the antibiotic has been taken for 24 hours.	No

Disease	Transmission	Symptoms	Infectious Period	Exclusion	Report to Public Health Services
E. Coli 0157 (Verotoxin producing) (Entero pathogenic)	Bacteria in stool. Acquired mainly from undercooked foods, especially ground meats. May also be fecal/oral.	Fever, diarrhea, blood in stool, cramps.	For the duration of the diarrhea.	Under direction from Public Health Services.	Yes
Fifth Disease	Person to person through respiratory secretions.	Low grade fever, flu-like symptoms, 7-10 days after onset, a distinct "slapped cheek" facial rash appears, spreads to trunk and develops into a lacy pattern on arms and legs.	Before onset of rash. 1-3 days.	No	No. Pregnant staff should consult their physician.
Giardiasis	Parasite in stool. Person to person (fecal/oral). Common in child-care centres.	Most children have no symptoms. May have loose stool, cramps, gas, vomiting.	Until free of the giardia parasite.	Under direction from Public Health Services.	Yes
Haemophilus meningitis (Hib - Haemophilus Influenza type B) *Vaccine Preventable*	Person to person close contact with saliva and secretions from nose	fever, excessive crankiness, stiff neck, vomiting, rapid or difficult breathing, sore throat, difficulty in swallowing, may cause meningitis	As long as bacteria are present. Non-communicable 24-48 hours after treatment with anti-biotics	Yes. Exposed children and staff may require anti-biotics or vaccine. Under direction from Public Health Services.	Yes. Immediately (cases are usually hospitalized).

Disease	Transmission	Symptoms	Infectious Period	Exclusion	Report to Public Health Services
Hand, foot and mouth disease	Person to person spread. Virus present in nose and throat discharges droplet spread. Also in stool (feces).	May have fever, headache, sore throat and rash. Red spots often with small blisters on top may appear especially on hands, feet and inside mouth.	For 1 to 2 weeks from onset of illness.	No. Once diagnosis has been made by a physician, child may return when healthy enough to take part in activities.	No
Hepatitis A	Virus in stool. Person to person (fecal/oral) and from contaminated food and water.	Most children have no illness. May have fever, loss of appetite, nausea, vomiting, jaundice (yellow colour in skin and eyes), pale stools and dark urine.	2 weeks before to 1 week after jaundice.	Yes. For 1 week after onset of jaundice. Immune globulin may be indicated for children, staff and family contacts. Under direction of Public Health Services.	Yes
Hepatitis B	By contact with infected blood or unprotected sexual intercourse.	Uncommon in children. Illness more severe in adults and may cause liver disease or liver cancer.	Infectious as long as surface antigen positive.	No. Under special circumstances close contacts may receive Hepatitis B vaccine and/or immune globulin. This is confidential information	Yes

Disease	Transmission	Symptoms	Infectious Period	Exclusion	Report to Public Health Services
Hepatitis C	Intravenous drug use. Contact with infected blood.	Acute illness uncommon. Symptoms may take 10-15 years to develop.	Unknown.	No. This is confidential information.	Yes
HIV/AIDS	By contact with infected blood or unprotected sexual intercourse.	Failure to gain weight, enlargement of liver, spleen and lymph nodes. Persistent thrush and candida skin infection, diarrhea, bacterial infections, pneumonia.	Infectious for life.	No. This is confidential information.	Yes
Impetigo	Person to person by direct contact	Thick yellow crusted lesions or blisters usually around face and nose but may occur elsewhere.	From onset of rash until 24 hours after start of treatment with antibiotics.	Yes. Until anti-biotic treatment has been taken for 24 hours.	No

Disease	Transmission	Symptoms	Infectious Period	Exclusion	Report to Public Health Services
Measles *Vaccine Preventable*	Person to person. Virus present in respiratory secretions. Very infectious.	Fever, cough, runny nose and inflamed, light sensitive eyes, 1-3 days later a flat dull red rash and blotches first appear on face and spread to body.	3-5 days before onset of rash to 4 days after onset of rash.	Yes. Until at least 4 days after onset of rash. Exclude all children who have not been immunized or who had MMR before 12 months until immunized or 2 weeks after last case.	Yes
Meningococcal meningitis/ meningococcemia	Person to person requiring close direct contact, including droplets from nose and throat.	Fever, vomiting, stiff neck, coma, seizures.	As long as bacteria are present. Communicable until 24-48 hours after treatment with anti-biotics.	Yes. Exposed children and staff may require anti-biotics.	Yes. Immediately (children are usually hospitalized).
Mumps *Vaccine Preventable*	Person to person virus in respiratory secretions.	Swelling and tenderness of salivary glands between ear and angle of jaw. Fever. May involve one or both sides. May show no swelling.	Up to 7 days before and until 9 days after swelling. Most infectious 2 days before onset of swelling.	Exclude for 9 days in known cases or until swelling is gone.	Yes

Disease	Transmission	Symptoms	Infectious Period	Exclusion	Report to Public Health Services
Pediculosis (head lice)	Person to person through direct contact or contact with infected personal items.	Itchy scalp. Small silvery eggs (nits) attached to base of hairs near the root, especially at nape of neck and behind ears.	Until treated appropriately.	Yes. Until treated.	No
Pinworm	Eggs of the parasite (worm) are spread from person to person by contaminated hands. Eggs can survive for several weeks outside the body.	Itching around anus or vagina. (Many children show no symptoms.)	For the duration of the infection.	No	No
Rabies	Through the bite of a rabid animal. Virus is found in the saliva of the infected mammal (mammals only).	Investigation of all warm blooded animal bites is required. Treatment is available under direction of Public Health Services and the family physician.	In dogs and cats for 3-4 days before onset of symptoms and during symptoms. Variable in wildlife and other mammals.	No	Yes. All animal bites should be reported to Public Health Services with details of bite.

Disease	Transmission	Symptoms	Infectious Period	Exclusion	Report to Public Health Services
Ringworm	Person to person by direct skin to skin contact or contact with personal items.	Ring shaped rash with raised edge on skin or scalp. Often itchy and flaky. May cause bald areas on scalp.	From onset until medical treatment has been started.	Yes. Until after treatment has been started.	No
Roseola infantum	Person to person virus in respiratory secretions. Most common in children under 2 years.	Sudden high fever, swollen glands lasting 3-5 days. At end of fever a light red rash appears on the body and spreads.	From 3rd day of fever to 1st day after onset of rash.	Yes. Until at least 24 hours after onset of rash.	No
Rotavirus	Virus in stool. Person to person (fecal/oral). Most common cause of diarrhea in childcare centres.	Fever and vomiting precede watery diarrhea.	For the duration of the diarrhea.	Yes. Until diarrhea is no longer present (24 hours symptom free).	No
Rubella (german measles) *Vaccine Preventable*	Person to person. Virus present in respiratory secretions.	May have mild fever, sore throat, swollen glands. Flat pink spot-like rash initially on face then moving to body.	3 days before until 7 days after onset of rash.	Yes. Exclude for 7 days after onset of rash. All staff and children must be vaccinated or proven immune. Pregnant women should consult their doctor.	Yes.

Disease	Transmission	Symptoms	Infectious Period	Exclusion	Report to Public Health Services
Salmonellosis	Bacteria in stool. Acquired mainly from improperly prepared food, especially eggs, poultry. May be fecal/oral spread.	Diarrhea, fever, occasionally blood in stool.	While having diarrhea and longer if a carrier state develops (especially in infants).	Under direction of Public Health Services.	Yes
Scabies	Person to person. Requires close direct contact caused by a parasite.	Very itchy rash, worse at night. In infants may occur anywhere. In older children rash appears on fingers, elbows, armpits, wrist, abdomen.	Until treated.	Yes. Until treated. Treatment of household contacts is necessary.	No
Shigellosis	Bacteria in stool. Person to person (fecal/oral) and from contaminated food and water.	Diarrhea, fever, blood and mucous in stool.	For duration of diarrhea. Highly infectious.	Yes. Until clearance from Public Health Services.	Yes
Streptococcal (sore throat) Scarlet Fever	Person to person bacteria in respiratory secretions.	Sudden high fever, severe sore throat. Rough sunburn-like rash. Starts below ears and on chest then spreads to rest of body.	From onset of symptoms until 24-48 hours after treatment has begun with anti-biotics.	Yes. Until 24-48 hours after treatment has begun.	No

Disease	Transmission	Symptoms	Infectious Period	Exclusion	Report to Public Health Services
Typhoid fever Paratyphoid fever	Bacteria in stool. Acquired mainly from contaminated food or water. May also be fecal/oral.	Fever with bloody stool may be present. Constipation may also occur.	For as long as person is infected with the bacteria.	Yes, until cleared by Public Health Services.	Yes
Whooping Cough (Pertussis) *Vaccine Preventable*	Person to person.	Cold with runny nose and cough. Cough spasms become progressively worse. Vomiting or loss of breath "whoop" may be present. Fever uncommon. Cough may last 1-2 months even after treatment.	From onset of symptoms until 3 weeks after onset of coughing.	Yes. Until 5 days after start of antibiotics or 3 weeks if no treatment. Contacts may need treatment.	Yes
Yersiniosis	Acquired mainly from contaminated food and water. Swine.	Fever, bloody diarrhea, vomiting, abdominal pain.	As long as 6 weeks after symptoms have resolved.	Yes. Under the direction of Public Health Services.	Yes

Fever and Temperature Taking

Normal body temperature taken under the arm (i.e., axilla) is 37°C (98.6°F). A fever is a body temperature of 38°C (100.4°F) or higher by axilla.

A child's body temperature fluctuates much more rapidly than an adult's. A child with a high fever is not necessarily ill. An axilla temperature of 38.5°C (101.3°F), persistent for 30 minutes or longer, indicates illness.

A child's behaviour is the best indicator of fever and infection. If you observe a change in a child's usual behaviour (e.g., listlessness, crankiness, aggression) it is likely the child is ill or overtired. If a child becomes drowsy for no obvious reason, take the child's temperature and watch for other signs of illness.

To properly assess and manage a child's fever follow these steps. You should:

1. Separate the child from others if you suspect a fever. Take the child's temperature and look for other signs of illness such as a rash, coughing, vomiting or diarrhea.

2. Take the child's temperature again in 30 minutes, or sooner, if the child appears worse.

3. Keep the child separate from the others if the child's temperature is rising and/or if there are other signs of illness. Contact the child's parent(s) and advise them to take the child home as soon as possible.

4. Tell the parent(s) to keep the child home the next day or until a doctor makes a diagnosis.

5. Readmit the child when the child is well enough to participate in the centre's activities, unless the doctor's diagnosis requires a longer exclusion.

Temperature Taking and Thermometers

<u>Temperature Taking</u>

You should know some basic information about temperature taking methods:

- ***AXILLA TEMPERATURE TAKING*** (i.e., under the arm) is the recommended method because it is the safest way to take a child's temperature.

- ***ORAL TEMPERATURE TAKING*** is not recommended in the childcare centre because a child could bite and break the thermometer.

- ***RECTAL TEMPERATURE TAKING*** should not be done in the child care centre.

To take an axilla temperature properly follow these steps. You should:

1. Hold the thermometer by the glass end (if using a glass thermometer) and flick your wrist sharply to shake the mercury down below 35°C (95°F).

2. Put the mercury end into the child's armpit and fold the child's arm across the chest, securing the thermometer.

3. Hold the child still for 3 minutes. Never leave the child alone.

4. Remove the thermometer. Hold the straight glass end between your forefinger and thumb. Rotate it at eye level until the numbers and marks are facing you. Rotate the thermometer slightly until a thick, silver column of mercury becomes apparent under the numbers. The point where the mercury column ends is the temperature.

5. Record the temperature, the time it was taken, and the method used (i.e., axilla) in the child's file.

6. State that the temperature was taken by axilla when you report information to the child's parent(s) or doctor.

Thermometers

You should know the difference between types of thermometers:

- ***A GLASS AND MERCURY THERMOMETER*** is inexpensive, accurate and easily available. It may be difficult to read and is easily broken. If the thermometer breaks you must make sure you throw out all the mercury.

- ***A DIGITAL THERMOMETER*** is a fast, accurate, safe and easy-to-read alternative to a glass and mercury thermometer. You can use it to take a temperature by axilla.

- ***A PLASTIC FOREHEAD STRIP*** is not recommended because the results are not accurate.

How to Clean a Thermometer

You must clean the thermometers after each use. To properly clean a thermometer follow these steps. You should:

1. Wash the thermometer with soap and cool water. Rinse and disinfect with a normal sanitizer. Do not rinse with hot water.

2. Store the clean thermometer in a clean container until its next use.

3. Clean digital thermometers the same way as glass thermometers, unless it has a disposable plastic cover. If so, after taking a temperature, throw out the cover and use a new cover to take the next temperature.

Administering Medication

Occasionally you may need to administer medication to a child in the centre. The centre must develop and strictly enforce a medication policy. Share the policy with parent(s) when they register their child. It is important both you and the parent(s) understand your responsibilities before giving medication.

To establish a safe medication policy follow these steps. The childcare centre should:

1. Consider giving only medication prescribed by a doctor (e.g., do not administer Aspirin or other ASA products unless a doctor prescribes them). Never administer any non-prescription medicine, such as Acetaminophen (Tempra) without written consent from the child's parent(s). The child's parent(s) also should provide clear instructions concerning when the medication is to be given.

2. Encourage parent(s) to give medication outside of the centre's operating hours (when possible).

3. Assign the supervisor, or another staff, who is present every day as the only person to administer medication.

4. Provide parent(s) with a form to fill out and sign, indicating their consent. The form also must have room for a doctor's signature. For a child on long term medication, ensure parent(s) and doctor complete a new form every 6 months, or whenever there is any change in medication dosage.

5. Ensure medication given to the centre is in its original, tamper-proof container and that it includes appropriate instructions. Its label must clearly indicate the child's name.

6. Establish and regularly use a medication log. Note the child's name, medication's name and dosage, and the time of administration. The staff member who administers the medication must initial this information.

7. Check the label to ensure the right child receives the correct medication.

8. Measure the medication dosage using the child's personal measuring spoon, syringe, or dropper. Wash the utensil thoroughly after each use and store it with the medication. Do not use the same dispenser for more than one child.

9. Administer the medication at the time specified on the medication's or doctor's instructions. Find a quiet, private place, close to the medication's storage area to administer it.

10. Wash your hands before and after administering medication to each child.

11. Store all medications, except those that must have refrigeration, in a locked cupboard. Ensure the storage area is only accessible to the staff member responsible for administering medication.

12. Ensure refrigerated medications are only accessible to the appointed staff member.

13. Return leftover medication to the parent(s) or, with parental permission, throw it out. Remember to treat an infection adequately. Antibiotics must be finished, unless a doctor stops their use.

14. Tell the parent(s) or doctor if there are any problems with, or concerns about, the medication or administering it.

Chronic Health Conditions

If a child attending the centre has a chronic medical condition (e.g., asthma, diabetes, epilepsy) all staff must be aware of the child's special needs.

Share information about the child's normal level of functioning and precautions necessary in day-to-day activities. All staff must recognize signs of the child being in difficulty and be ready to take immediate action when necessary.

To help manage a child with a chronic health condition follow these guidelines. You should:

- Get specific information about the child's condition from the parent(s) or doctor. Call local or national organizations, whose focus is the child's medical condition, to receive more general information.

- Make certain the child's doctor provides special instructions in writing for staff to

follow (e.g., medications, level of activity, special care in case of illness or emergency).

- Ensure there is clear communication at all times between staff, parent(s) and doctor. Inform parent(s) of any concerns about the child's health, deviations from normal behaviour, or outbreaks of illness in the centre.

- Inform parent(s) immediately if there is an outbreak of a communicable disease in the centre, especially if the child suffers from leukemia, cancer or any other immune deficiency.

Children's Immunization and Health Records

To keep proper children's health records follow these guidelines. You should:

- Ensure the parent(s) provide up-to-date immunization information before you admit the child to the centre. See the Immunization Schedule on the next page for specific recommendations.

- Collect an initial immunization and health history for each child.

- Update each child's immunization record regularly. Infants and toddlers (less than 18 months) will still be completing their initial series of immunization. Regular attention to records is especially important for these children.

  It is a good idea to send periodic reminder to parents of younger children, ensuing records are accurate and up-to-date.

- Exclude any child with incomplete immunization from attending the centre during an outbreak of a vaccine preventable disease.

Vaccination Times*

Age	Vaccine	Protects Against
2 months	1 dose DaPTP, Hib	Diphtheria, Pertussis (Whooping Cough), Tetanus, Poliomyelitis (Polio), and Haemophilus Influenza Type b
4 months	1 dose DaPTP, Hib	Diphtheria, Pertussis (Whooping Cough), Tetanus, Poliomyelitis (Polio), and Haemophilus Influenza Type b

6 months	1 dose DaPTP, Hib	Diphtheria, Pertussis (Whooping Cough), Tetanus, Poliomyelitis (Polio), and Haemophilus Influenza Type b
12 months	1 dose MMR	Measles, Mumps and Rubella (German Measles)
18 months	1 dose DaPTP, Hib	Diphtheria, Pertussis (Whooping Cough), Tetanus, Poliomyelitis (Polio), and Haemophilus Influenza Type b
4 - 6 years	1 dose DaPTP	Diphtheria, Pertussis (Whooping Cough), Tetanus and Poliomyelitis (Polio),
	1 dose MMR	Measles, Mumps and Rubella (German Measles)
Grade 4	3 doses Hep B	Hepatitis B
14 - 16 years	1 dose Td	Tetanus, Diphtheria
Adults every 10 years	1 dose Td	Tetanus, Diphtheria
Annually for adults and children at high risk	Influenza	Various strains of influenza (Flu)
Once & for certain high risk individuals (re-vaccination may be required in the future)	Pneumococcal	23 strains of Bacterial Pneumococal Disease

* For those who have not been vaccinated as outlined in this schedule, consult your family physician or your local Public Health Office.

Food Safety

Introduction

Children must receive food that is safe and healthy to eat. Safe food helps prevent infectious illnesses, such as gastroenteritis, from spreading.

Proper food safety requires that childcare providers and food service staff practice good personal hygiene and know how to handle food safely when preparing, storing

and serving food.

It is strongly recommended that food preparation staff complete a recognized course in food handling.

This chapter provides information about how bacteria grow and cause food poisoning. It also introduces the Hazard Analysis Critical Control Point (HACCP) concept and provides guidelines about personal hygiene, preparing and storing food, and cleaning and sanitizing utensils.

Bacteria Growth

Bacteria requires certain conditions to multiply in food. Rapid bacterial growth often causes food safety problems.

At room temperature bacteria can grow rapidly. For example, 1,000 bacteria can grow to millions in 3-4 hours. Factors affecting bacterial growth in food are:

- time
- temperature
- nutrients
- acidity level (i.e., pH level)
- moisture content
- presence or absence of oxygen

To prevent bacteria from growing, you must store and handle food properly. Follow the directions on the manufacturer's label and store refrigerated food at temperatures below 4°C (40°F).

Bacteria cause food poisoning in 2 ways:

1) by causing an **infection**
2) by resulting in an **intoxication**

1) Infections

An infection results if you eat food contaminated by bacteria. The bacteria enter your gut and its presence causes an infection (e.g., salmonella). These types of infections usually cause symptoms such as diarrhea, fever and vomiting. The incubation period (i.e., length of time from eating the food and symptoms beginning) is usually from about 18 hours to several days.

2) Intoxications

An intoxication results if you eat food contaminated by a bacterial "toxin". As bacteria grow they may produce toxins. The result is a chemical-like poisoning. This kind of intoxication has a rapid onset time. The incubation period is usually between 2-8 hours.

Some toxins (e.g., staphylococcus aureus) are heat stable. Cooking and reheating does not kill them.

Other bacteria, such as E. Coli produces verotoxin in the gut or intestine. If you eat undercooked hamburger meat this type of food poisoning may occur.

Hazard Analysis Critical Control Point (HACCP)

The Hazard Analysis Critical Control Point (HACCP) concept is an effective way to inspect, evaluate and monitor food preparation systems. It is a self-inspection system designed to follow high risk foods from freezer to table. The entire food preparation procedure is assessed, giving strong emphasis on "critical control points" where the risk to human health is the greatest if not done properly. Routine inspections by Department of the Environment inspection staff will assist in auditing and advising the program.

In the childcare centre the food premises inspection program may include consultations, food safety audits (i.e., checks) and follow-up inspections.

Food audits and inspections can be lengthy. Health inspectors may observe from the time you remove the food from the refrigerator until you serve it to the children. The inspector observes foodhandling techniques and identifies and assesses all "critical control points". A critical control point is an activity or condition during the food process that could affect food safety. Possible critical control points are:

1) Time
   - improper thawing
   - inadequate cooking time
   - longer than 4 hours preparing time
   - inadequate storing at room temperatures

2) Temperature
   - food in danger zone temperature of 4°C-60°C(40°F-140°F) for longer than 2 hours
   - large portion cooking
   - improper cooking procedures
   - improper cooling procedures
   - improper temperatures for storing

3) Contamination
   - personnel
   - cross-contamination

Personal Hygiene

To practice good personal hygiene follow these steps. You should:

- Develop and enforce a clear policy about staff and illness such as no foodhandler

shall work while suffering from a gastrointestinal illness or diarrhea.

- Ensure foodhandlers wash their hands with soap and warm water;
  - before starting work
  - upon return to work from a break
  - after using the washroom
  - after handling raw meats or vegetables
  - after handling garbage or garbage containers
  - after blowing or wiping their nose
  - after completing any other activity that may have contaminated hands.

  See other section for proper handwashing procedures.

- Ensure foodhandlers have clean hands, clean clothes, and clean head-gear confining the hair. Do not allow people to smoke in the kitchen.

- Ensure childcare providers who have diaper changing responsibilities do not prepare food.

Preparing Food

Preparing and handling food properly are essential in ensuring the centre serves safe food. To safely prepare food follow these guidelines for:

1. Thawing Food
2. Preparing Food
3. Preparing Infant Formula
4. Preparing for Picnics and Outings
5. Serving Catered Food

Thawing Food

You (or other appropriate staff) must:

- Not thaw food on a counter at room temperature. This causes rapid bacterial growth and can result in food poisoning.

- Practice safe thawing methods:
  - thaw food in a refrigerator
  - thaw food under cold running water (if rapid thawing is necessary)
  - microwave food (if immediate thawing is necessary).

Preparing Food

You (or other appropriate staff) must

- Wash all raw fruits and vegetables under cold running water.
- Wash the tops of canned food before opening and after each use clean your opener with clean, soapy water.
- Avoid hand contact with food by using clean utensils to mix and serve food.
- Clean and sanitize all utensils you use to taste food during preparation, before each use.
- Clean and sanitize all surfaces as you prepare the food to prevent cross-contamination of food and work surfaces.
- Clean and sanitize work areas and wash your hands when changing from raw to cooked food, or from raw to ready-to-eat food.
- Ensure a minimum internal temperature of 74°C (165°F) when cooking food, poultry 82°C (180°F).
- Maintain a minimum temperature of 60°C (140°F) when holding hot food.
- Ensure a minimum internal temperature of 74°C (165°F) when reheating food.
- Refrigerate prepared food as quickly as possible. The pans used to cool prepared food should be no deeper than 2 inches.
- Dispose of leftover food put out in serving bowls for the children.

Preparing Infant Milk and Storing

You (or other appropriate staff) must:

- Wash your hands before preparing formula and handling bottles of milk.

- Label each bottle with the appropriate child's name to prevent sharing.
- Prepare fresh formula on the day you are going to use it.
- Accept only sealed formula or breast milk bottles labelled with the child's name from parents.
- Sanitize bottles, nipples and utensils to make sure they are germ-free. Wash with soapy water and rinse well.
- Store open containers of powdered formula in the original container with a tight-fitting lid in a cool, dry area. After preparing, immediately refrigerate it at a temperature between 0 and 4°C (40°F).
- Do not store open cans of dry formula for longer than 30 days. Label each can with the date you opened it.
- Opened liquid formula should be covered and stored in the refrigerator and used within 2 days.
- Never leave prepared formula at room temperature for more than 1 hour.
- Always refrigerate fresh breast milk (not previously frozen), in a refrigerator at 0 to 4°C. Gently swirl breast milk to mix evenly before feeding infant.
- Previously frozen milk that was thawed can be safely kept refrigerated up to 24 hours. It should not be re-frozen.
- Do not use a microwave to heat infant formula or bottles. Microwaves cause uneven heating and the formula could scald the infant.

Preparing for Picnics and Outings

In planning for picnics and other outings you must consider the duration of the outing and the availability of proper refrigeration. Improper storage of food, capable of growing bacteria, can result in an outbreak of food poisoning.

To prepare properly for picnics and outings follow these guidelines. You (or other appropriate staff) should:

- Try to take only non-hazardous, safe food (e.g., peanut butter and cheeses).

- Maintain hazardous food, such as meat, fish, poultry or dairy products (no raw meat, fish, poultry) at a temperature less than 4°C (40°F).
- Use moist towelettes to clean your hands and the children's hands before eating (if proper handwashing facilities are not available).
- Bring your own water. Only drink water from a known safe source. Do not drink from springs, streams and similar sources.

Serving Catered Foods

Preparing and storing food properly is important if you use catered food. You should ask the caterer several questions:

- **WHERE does the caterer prepare the food?**

  You must know ensure the food is prepared, in a licensed facility.

- **HOW does the caterer transport the food to the centre?**

  The caterer must protect the food from germs both during transportation to the centre and upon arrival. The covered containers must either be disposable or made of an easily-cleanable, non-absorbent material (e.g., stainless steel).

- **WHAT is the temperature of the food during transportation to the centre and upon arrival?**

  The caterer must keep hot food at a temperature about 60°C (140°F) and maintain cold food at a temperature below 4°C (40°F).

- **WHAT utensils will you and the children use to serve and eat the food?**

  You must either have appropriate sanitizing equipment at the centre, or the caterer must supply an adequate number of clean, sanitized utensils. If the caterer does not supply utensils, you must clean and sanitize them according to the Food Premises Regulation.

Storing Food

To provide children with safe and wholesome meals the centre must create and enforce proper conditions for storing food. To properly store food follow these guidelines.

1. Refrigerated Foods - You (or other appropriate staff) should:

- Check that all refrigerated spaces have an accurate indicating thermometer.
- Store meats, fish, poultry and dairy products at a temperature below 4°C (40°F). Store raw meats, fish and poultry on lowest shelf with all cooked ready-to-eat foods stored above.
- Maintain frozen food at a temperature below -18°C (0°F).
- Read the manufacturer's label for storage requirements of other food products.
- Cover all food in refrigerators and freezers.
- Ensure there is adequate air circulation for even cooling. Do not overstock refrigerators.
- Store perishable foods for 2-3 days only and consider freezing if longer storing time is required.

2. Dry Storage (i.e., non-refrigerated food) - You (or other appropriate staff) must:

- Make certain storage areas are clean, dry, well ventilated and adequately lit.
- Store all food at least 15cm (6 in) above the floor on racks or pallets.
- Check that all shelving is made of easily, cleanable and non-absorbent material.
- Place open package and bulk foods in sealed and easily, cleanable containers to prevent contamination.
- Separate insecticides and chemicals from food and store them in a locked cupboard or room.

Cleaning and Sanitizing Utensils

Dirty utensils are a source of contamination for food in the centre. Unsafe food can result if you do not properly clean and sanitize utensils. Unsafe food can lead to food poisoning.

You must clean and sanitize all utensils that touch food before using them. You must avoid cross-contamination when using utensils (e.g., do not use a knife to cut raw

chicken, and the same knife to cut cooked chicken, without properly washing the knife).

You must use a safe method to clean and sanitize multi-service utensils such as:

- three compartment sink
- mechanical equipment (e.g., commercial dishwasher)
- other approved method (approved in Regulations, such as a domestic dishwasher).

1. Three Compartment Sink

You must:
- Scrape remaining food off the utensils.
- Wash the utensils in the first sink in a detergent solution 43°C (110°F).
- Rinse the utensils in the second sink in clear water at a minimum temperature of 43°C (110°F).
- Sanitize the utensils in the third sink for at least 2 minutes using one of these methods:
  - in a solution of 100ppm chlorine at 43°C (110°F)
  - in a solution of 200ppm quaternary ammonium at 43°C (110°F)
  - in a solution of 25ppm iodine solution at 43°C (110°F).
- Place utensils on a drainboard or rack to air-dry.

2. Mechanical Equipment

You must:

- Make sure wash water is clean at all times and between 60°C (140°C) and 71°C (160°F).
- Make sure utensils rinse for at least 10 seconds in a sanitising rinse with a minimum temperature of 82°C (180°F).

3. Other Approved Method

Domestic dishwashers must meet the criteria. Ask your health inspector about the criteria.

Diapering & Toileting

Introduction

The rate of intestinal infection in childcare centers directly relates to the presence of children in diapers. Diaper changing is one of the highest risk procedures for the spread of enteric illness among children and staff. Proper handwashing, and cleaning and sanitizing of the diaper change table helps prevent enteric illness in the center.

Proper Diapering Procedure

To help reduce the spread of enteric illnesses, follow these guidelines. You must ensure there is a:

1. Properly Designed Diaper Change Area
2. Proper Procedure for Using Gloves
3. Proper Diaper Changing Procedure

Properly Designated Diaper Change Area

You should take note of the following guidelines when designing a diaper change area.

ALWAYS separate diaper change areas from food preparation areas and **NEVER** use areas for any other purpose. This prevents contaminating food preparation areas by germs commonly in the stool.

ALWAYS ensure the diaper change table and pad is made of a smooth, non-absorbent and easily cleanable material.

ALWAYS make sure the waste container has a tight-fitting, foot-operated lid and line it with a disposable plastic bag. Empty the container frequently and clean and sanitize it at least daily.

NEVER dispense creams and ointments in a way that contaminates the contents (e.g., do not use fingers, common sticks or tissues) . If special creams are necessary **ALWAYS** use an individual utensil to dispense it for each child.

NEVER rinse soiled clothing or diapers at the center. Place soiled clothing or cloth diapers in a sealed plastic bag for home washing.

Proper Procedure for Using Disposable Gloves

You should wear disposable gloves when there is the chance of infection transferring to you during care activities. This is especially important when the child has diarrhea. However, it is good practice to use disposable gloves during diaper changing.

If you wear disposable, single-use gloves remember a few very important rules. **You must:**

- never use gloves as a substitute for handwashing. Wash hands after wearing gloves.
- wear gloves on both hands.

- wear clean gloves to perform caregiving activities for each child.
- remove gloves and wash your hands when going from a "dirty" to a "clean" procedure (e.g., from changing diapers -- a dirty procedure -- to helping wash the child's hands -- a clean procedure).

Proper Diaper Changing Procedure

To establish a proper diaper changing procedure, follow these steps. You should:

1) Wash hands with soap and water before each diaper change.

2) Assemble all necessary supplies before starting (e.g., fresh diapers or clothes, towelettes and/or paper towels).

3) Hold the child away from your body and place the child on a clean table or change pad and remove the dirty diaper. Fold the diaper surface inward and set it aside. Never place safety pins in your mouth or within reach of the child.

4) Clean the child's skin with a moist disposable cloth or towelette, wiping the child's bottom from front to back. Remove all soil from creases in the child's skin.

5) Diaper and dress the child.

6) Flush formed stool down the toilet (avoid splashing).

7) Throw out disposable diapers and towelettes in the plastic-lined waste container. Place cloth diapers in a covered, lined diaper pail.

   ** DO NOT RINSE CLOTH DIAPERS **

8) Wash your hands.

9) Clean the change table/pad and spray a sanitizing solution over the entire surface of the diaper change table. Let the spray sit for a minimum of 2 minutes.

10) Dry the change table surface with single-use paper towels and throw them out.
11) WASH YOUR HANDS AGAIN THOROUGHLY.

12) Record unusual skin conditions or bowel movements.

Proper Toileting Procedure

To develop a proper toileting procedure for toddlers, follow these steps. You should:

1) Remove the diaper. (See Section on the proper diaper changing procedure.)

2) Place the toddler on the potty or toilet.

3) Wipe the toddler's bottom from front to back and teach the toddler to do the same. This reduces the chance of urinary tract contamination.

4) Flush the toilet or allow the toddler to flush it.

5) Diaper and help dress the toddler as necessary.

6) Help wash the toddler's hands.

7) Rinse the potty and flush contents down the toilet.

8) Wear gloves and use toilet paper to remove remaining stool.

9) Clean the potty and spray a sanitizer over the potty's entire surface. Let the spray sit for at least 2 minutes.

10) Remove and throw out gloves, WASH YOUR HANDS.

11) Dry the potty with single-use towels and throw them out.

12) Return the potty to storage.

13) WASH YOUR HANDS AGAIN THOROUGHLY.

14) Record unusual skin conditions or bowel movements.

Environmental Sanitation

Introduction

Many germs that can cause illnesses survive for a long time living on a variety of surfaces. Certain germs only live for a few hours, while others live for several days or even weeks. In some cases, it only takes a few germs to cause an illness.

Proper sanitizing and cleaning play an important part in preventing illnesses and infections in the childcare center. To have a clean, safe environment, the center must develop and enforce proper cleaning and sanitizing policies.

Cleaning

The reason for cleaning is to remove dirt from various surfaces. To remove dirt, rub the surface with a cloth or towel moistened with a household detergent. The rubbing action creates friction and the detergent helps break down fats and proteins.

Cleaning removes some germs from the dirty surface but does not necessarily remove all of the germs. Certain germs are very resistant to detergents and the only way to remove them is to sanitize the surface properly.

A good way to remember the difference between cleaning and sanitizing is that cleaning gets rid of the dirt you can see and sanitizing gets rid of most of the germs you can't see.

Sanitizing

The reason for sanitizing is to reduce the germs present on a surface or object. Sanitizing should not be done on its own. Sanitize right after cleaning.

Sanitizing follows cleaning because dirt places a great demand on the chemical found in sanitizing solutions and reduces their effectiveness. If sanitizing is done without cleaning, the surface may not be properly sanitized.

To avoid contact with corrosive materials that cause skin problems use rubber gloves when sanitizing. Always wash your hands after cleaning or sanitizing. If you wear gloves, wash your hands immediately after removing them.

Household bleach is an example of an effective, economical and convenient sanitizer. To create this effective household sanitizing solution, follow these steps. You should:

1. Prepare fresh sanitizing solution daily.
2. Dilute bleach at a ratio of 1 to 100, such as 1O ml bleach to 1L water (1/4 cup bleach to 1 gallon water).
3. Dilute 5 ml of bleach in 500 ml of water for smaller quantities (l tsp bleach in 2 cups water).
4. Properly label the container holding the solution.
5. Store the solution in a safe place inaccessible to children.

Several manufacturers produce sanitizing solutions suitable for use in the childcare

center. Follow the manufacturer's instructions very carefully to mix and prepare the solutions.

After mixing the chemicals, use the proper test papers, or another effective method, to check that the solution has the proper concentration.

Different sanitizing methods are more effective for some objects and surfaces than others.

Clothing

Personal clothing and other items should be stored in a separate cupboard.

Dress-up clothing should be washed after each use.

Furniture and Equipment

To properly sanitize certain furniture and equipment, follow these guidelines:

OBJECTS: food preparation tables, large toys, activity centers

METHOD: Wet a cloth with a sanitizing solution and wipe the objects. Allow the sanitizer to sit for at least 2 minutes and air-dry.

OBJECTS: diaper change tables, potty chairs

METHOD: Spray tables and chairs with the sanitizing solution. Let the solution sit for at least 2 minutes and wipe dry with a single-use towel.

Toys

You must clean and sanitize infant and toddler mouth toys at least daily and other toys, used by older children, weekly or more often if contaminated. To prevent the spread of germs, follow these guidelines. You should:

1. Not allow mouth toys, such as musical instruments, unless the center creates a strict cleaning and sanitizing policy and tries to prevent sharing.

2. Sanitize plastic toys in the dishwasher (if an approved dishwasher is available).
3. Soak plastic toys that cannot go in the dishwasher in an appropriate sanitizing solution.
4. Wipe other toys, inappropriate for the dishwasher, such as books and puzzles, with a sanitizer weekly.
5. Clean and sanitize larger toys and activity centers weekly.
6. Launder larger, soft, cuddly toys, used by non-diapered children, at least once each week and more often, as required.
7. Assign toys, that you cannot properly wash and sanitize, to specific children (i.e. certain toys should be "personal" toys that you assign to individual children).
8. Store personal toys in the child's crib or cabinet when not in use.

Sand Boxes and Water Play Areas

Although sand boxes and water areas are great places for children to play, they also are a source for germs. To establish safe play areas, follow these guidelines.

Sand Boxes

You should:

- Cover outdoor sand boxes when they are not in use to prevent access by animals. Check that the lid fits tightly.
- Sand contaminated by feces and/or urine must be replaced.
- Throw out the contents, and clean and sanitize large plastic play areas (i.e. macaroni-filled play areas) weekly.

Water Play

You should:

- Ensure all staff and children wash their hands before water play.
- Drain, clean and sanitize water play container after each use.

- Clean and sanitize toys used in water play daily.

Cots and Cribs

Sleeping areas also are a potential source for spreading illnesses. To prevent spreading illnesses follow these guidelines. You must:

- Assign each crib or cot, and appropriate linen, to specific children.
- Launder all linen weekly.
- Launder linen and clean and sanitize cots and cribs contaminated with feces, urine or other body fluids.
- Store linen and cots in a separate area to prevent contamination.
- Sleeping pads or mattresses(including linen) placed directly on the floor should be stored in separate plastic bags.
- Separate cribs to a distance that children are not able to touch each other.

Washrooms

The washroom is another area where proper cleaning and sanitizing is crucial to avoid spreading illnesses. See section on proper toileting procedure.

To properly clean and sanitize the washroom follow these guidelines. You (or other appropriate staff) should:

- Wear gloves.
- Clean and sanitize the washroom including faucets, sinks, and toilet seats at least once each day and as necessary.
- Clean and sanitize the washroom, starting from the highest areas and moving to the lowest areas (i.e. start at the ceiling and gradually move down to the floors). This way, you work on the least soiled areas first and the most soiled areas last.
- Ensure there are adequate supplies of toilet paper, liquid or powdered soap and paper towels in dispensers.

Common Areas

Common areas are places in the center used by staff, children, parents and visitors. These areas, such as carpeted and uncarpeted floors and playgrounds, also are common areas for diseases to spread. You must properly maintain these areas to reduce the spread of disease. To help avoid diseases from spreading follow these guidelines:

Carpeting - not recommended in childcare centers .

Vinyl or Tile Floors

- Clean all floors daily with a household detergent.
- Sanitize all floors contaminated by body fluids (i.e. feces, urine, blood or vomit).

Playgrounds

- Visually inspect the playground each day. Remove broken glass and other sharp objects, as well as animal feces.

Pets

Pets are another potential source of infection in the childcare center. It is preferable not to have pets in the center.

If the center chooses to keep a pet follow these guidelines to prevent spreading illnesses.

- Ensure all pets are healthy.
- Wash your hands and help wash the children's hands after handling or feeding pets.
- Supervise children closely when they are handling pets.
- Clean pets' living quarters, as necessary, and do not allow children to help.
- Store pet food in a safe place away from the children's food.